Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

106	1852	65
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CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE OF			OR	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS		0 '				Γ	RATE	FEE	[RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	385.00	OR	BASIC FEE	770.00	
1011				*			X\$ 9=		OR	X\$18=	360	
				*	7	\vdash				X86=	- ترق ز	
INDEPENDENT CLAIMS			minus 3 =			L	X43=		OR	∧00=		
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=	290	
* If the difference in column 1 is less than zero, enter "0" in column 2						_	TOTAL		OR	TOTAL	1400	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL E	NTITY	OR	OTHER SMALL			
		(Column 1) CLAIMS		HIGH	IEST		Γ		ADDI-			ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO		PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
Ā	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM			+145=		OR	+290=	
							L	TOTAL			TOTAL	
						Α	DDIT. FEE		OR	ADDIT. FEE	L.—-	
		(Column 1)			mn 2) HEST	(Column 3)			1001			ADDI-
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	:	OR	X\$18=	
MEN	Independent	*	Minus	***		=	 	X43=		OR	X86=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		J	+145=		OR	+290=	
							L	TOTAL		ŀ	TOTAL	
							A	DDIT. FEE		OR	ADDIT. FEE	<u></u>
		(Column 1)	· · · · · · · · · · · · · · · · · · ·		ımn 2)	(Column 3)	3			-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	\prod	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	 	X43=		OR	X86=	
Ž	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDEN	IT CLAIN	<i>A</i>	Ĵ ┞	4.45		1	000	
	_		AL	luma O ···	ita #A# i= -	olumn 3	L	+145=		OR	+290= TOTA	
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									<u> </u>			
**		umber Previously I mber Previously P	Daid East IN TI	TIC COV.F	- 10 1000 11	ian 3 eniei 3.		nd in the ap	propriate be	ox in c	olumn 1.	